

ARKANSAS FIRE ACADEMY

Application for Admission

PERSONAL INFORMATION

NAME *(Last, First, Middle)*

HOME ADDRESS (Number & Street or Box, City, State, Zip)

PHONE NUMBERS

DATE OF BIRTH

WORK

(479) 751-4510

HOME

OTHER:

SOCIAL SECURITY NO.

SE

X

MALE

FEMALE

PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOU:

Caucasian

Black

Asian

Hispanic

Indian

HIGH SCHOOL or GED?

☒ YES

☐ NO

CIRCLE NUMBER FOR HIGHEST LEVEL OF FORMAL EDUCATION:

High School 9 10 11 12 College 13 14 15 16 Post Graduate 17 18 19 20

DO YOU HAVE ANY HANDICAPS (INCLUDING SPECIAL ALLERGIES OR MEDICAL CONDITIONS) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT AFTA?

☒ NO

☐ YES

(If "YES", explain here.)

COURSE INFORMATION

ENTER THE COURSE YOU WISH TO TAKE: *(Name, Location & Date)*

Name of Course:

Course Location:

Date of Course:

ENTER THE COURSE(S) YOU THINK MEET THE PREREQUISITES OF THE ABOVE COURSE:

Name of Course:

Course Location:

Date of Course:

ORGANIZATIONAL INFORMATION

FDID NUMBER:

72300

NAME OF FIRE DEPARTMENT

Springdale Fire Department

DEPT. TELEPHONE NO.

(479) 751-4510

FULL DEPARTMENT ADDRESS:

PO Box 1521
Springdale AR 72765

APPROVAL BY CHIEF OR TRAINING OFFICER:

SIGNATURE:

DATE:

TITLE: Battalion Chief Training Officer

I CERTIFY THAT THE INFORMATION RECORDED ON THIS APPLICATION IS CORRECT. I AGREE TO ABIDE BY THE RULES AND POLICIES OF THE ARKANSAS FIRE TRAINING ACADEMY IF I AM ADMITTED AS A STUDENT. FALSIFICATION OF INFORMATION MAY RESULT IN DENIAL OF ADMISSION.

BY SIGNING THIS APPLICATION, THE STUDENT AGREES TO ALLOW THE ACADEMY TO MAIL THE CERTIFICATE TO HIS/HER DEPARTMENT. AFTER THAT TIME, THE RELEASE OF INFORMATION ABOUT COMPLETION OF THIS COURSE AND CREDIT FOR IT WILL BE MADE ONLY UPON SIGNED PERMISSION BY THE STUDENT.

I UNDERSTAND THAT THE ARKANSAS FIRE TRAINING ACADEMY DOES NOT PROVIDE MEDICAL OR HEALTH INSURANCE FOR STUDENTS. I MAINTAIN APPROPRIATE INSURANCE ON AN INDIVIDUAL BASIS.

SIGNATURE OF STUDENT:

DATE:

DISPOSITION:

(Enrollment Division Use Only)

ACCEPTED

REJECTED

REASON:

Signature

Date